Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

January 1, 2011
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SASKATCHEWAN FORMULARY BULLETIN

Update to the 60th Edition of the Saskatchewan Formulary

Product	DIN	Unit Price ($)

Full Formulary Listings Effective January 1, 2011:

Champix tablet (varenicline tartrate) (PFI)

0.5mg/mg tablet (starter kit)	02298309	1.8341
0.5mg tablet	02291177	1.8341
1mg tablet	02291185	1.8341

Coverage will be limited to 12 weeks (165 tablets) per person during a one-year period. The year starts on the date the first prescription is filled.

Zyban sustained release tablet (bupropion HCl) (BVL)

150mg tablet	02238441	0.9974

Coverage is limited to 12 weeks (180 tablets) per person during a one-year period. The year starts on the date the first prescription is filled.

Patients are encouraged to use these products in conjunction with smoking cessation counselling and supports available through a variety of sources in Saskatchewan.

Moving from Exception Drug Status to Full Formulary Listing Effective January 1, 2011:

pms-Bupropion SR sustained release tablet (bupropion HCl) (PMS)

100mg SR tablet	02325373	0.3734
150mg SR tablet	02313421	0.5040

ratio-Bupropion SR sustained release tablet (bupropion HCl) (RPH)

100mg SR tablet	02285657	0.3734
150mg SR tablet	02285665	0.5040

Sandoz Bupropion SR sustained release tablet (bupropion HCl) (SDZ)

100mg SR tablet	02275074	0.3734
150mg SR tablet	02275082	0.5040

Wellbutrin SR sustained release tablet (bupropion HCl) (BVL)

150mg SR tablet	02237825	0.9974

Wellbutrin XL extended release tablet (bupropion HCl) (BVL)

150mg XL tablet	02275090	0.5801
300mg XL tablet	02275104	1.1601

Interchangeable Full Formulary Listings Effective January 1, 2011:

Apo-Enalapril/HCTZ tablet (enalapril/hydrochlorothiazide) (APX)

5mg/12.5mg tablet	02352923	0.6417
10mg/25mg tablet	02352931	0.7714

Sandoz Dorzolamide ophthalmic solution (dorzolamide HCl) (SDZ)

2% ophthalmic solution (mL)	02316307	1.6875

Sandoz Dorzolamide-Timolol ophthalmic sol. (dorzolamide HCl/timolol maleate) (SDZ)

2%/0.5% ophthalmic solution (mL)	02344351	2.5569

New Exception Drug Status (EDS) Listings Effective January 1, 2011:

Simponi (golimumab) solution for injection, pre-filled syringe; autoinjector (MSD)

50mg/0.5mL pre-filled syringe	02324776	29.7400
50mg/0.5mL AutoInjector	02324784	29.7400

The Exception Drug Status criteria for Simponi is the same as the criteria for Remicade for Ankylosing Spondylitis, Rheumatoid Arthritis, and Psoriatic Arthritis listed on page 242 of the Saskatchewan Formulary.

Non-Interchangeable Exception Drug Status (EDS) Listings Effective January 1, 2011:

Extavia (interferon beta-1B) powder for injection (NVR)

0.3mg powder for injection	02337819	102.0300

According to currently listed Exception Drug Status criteria for MS Drugs. Please refer to Item 1, Appendix G, page 285 of the Saskatchewan Formulary.

Drugs Reviewed and Not Approved for Listing in the Saskatchewan Formulary:

Silkis (calcitriol) 3ug/g topical ointment (GAC)

Santyl Ointment (collagenase) 250u/g topical ointment (HPC)

GlucaGen, GlucaGen HypoKit (glucagon) 1mg/vial powder for solution (NOO)

Drugs Reviewed and Not Approved for Inclusion in the Hospital Benefit List:

Doribax (doripenem) 500mg/vial injection (JAN)

Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch
2nd Floor, 3475 Albert Street
Regina, Saskatchewan S4S 6X6
(306) 787-3317
1-800-667-7581

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Saskatchewan Ministry of Health
Drug Plan and Extended Benefits Branch

Pharmacy Information Bulletin # 486
November 30, 2010

Formulary & Exception Drug Status (EDS) Updates

Effective ***December 1, 2010,*** the following products are listed as benefits in Saskatchewan:

***Alfuzosin**					
Novo-Alfuzosin PR	10mg tablet	02314282	0.7450	NOP	I/C
***Finasteride**					
Finasteride Tablets USP	5mg tablet	02355043	0.9265	AHI	I/C
Mylan-Finasteride	5mg tablet	02356058	0.9265	MYL	I/C
***Gabapentin**					
Ran-Gabapentin	100mg capsule	02319055	0.2520	RAN	I/C
Ran-Gabapentin	300mg capsule	02319063	0.6130	RAN	I/C
Ran-Gabapentin	400mg capsule	02319071	0.7305	RAN	I/C
***Lactulose**					
Teva Lactulose	667mg/mL oral sol	02331551	0.0145	TEV	I/C EDS
***Omeprazole**					
Novo-Omeprazole	20mg DR tablet	02295415	1.1000	NOP	I/C EDS
***Potassium Chloride**					
Jamp K-8	600mg tablet	80013005	0.0899	JPC	Non-I/C
Odan K-8	600mg tablet	80008214	0.0899	ODN	Non-I/C
Jamp K-20	1500mg tablet	80013007	0.1995	JPC	Non-I/C
Odan K-20	1500mg tablet	80004415	0.1995	ODN	Non-I/C
***Ranitidine**					
Ran-Ranitidine	150mg tablet	02336480	0.4042	RAN	I/C
Ran-Ranitidine	300mg tablet	02336502	0.7787	RAN	I/C
***Topiramate**					
Topiramate	25mg tablet	02356856	0.6615	SAN	I/C
Topiramate	100mg tablet	02356864	1.2537	SAN	I/C
Topiramate	200mg tablet	02356872	1.9845	SAN	I/C

The following diabetic supplies will be added effective December 1, 2010:

Diabetic Pen Needle					
UltiCare Pen Needle	29G 12mm Needle	97799543	0.2659	ULT	Non-I/C
UltiCare Pen Needle	31G 8mm Needle	97799544	0.2659	ULT	Non-I/C
UltiCare Pen Needle	31G 6mm Needle	97799545	0.2659	ULT	Non-I/C
Diabetic Syringe					
UltiCare	0.3cc Syringe 29G ½"	97799509	0.2832	ULT	Non-I/C
UltiCare	0.5cc Syringe 29G ½"	97799508	0.2832	ULT	Non-I/C
UltiCare	1cc Syringe 29G ½"	97799507	0.2832	ULT	Non-I/C
UltiCare	0.3cc Syringe 30G 5/16"	97799506	0.2983	ULT	Non-I/C
UltiCare	0.5cc Syringe 30G 5/16"	97799505	0.2983	ULT	Non-I/C
UltiCare	1cc Syringe 30G 5/16"	97799504	0.2983	ULT	Non-I/C
UltiCare	0.3cc Syringe 30G ½"	97799551	0.2832	ULT	Non-I/C
UltiCare	0.5cc Syringe 30G ½"	97799550	0.2983	ULT	Non-I/C
UltiCare	1cc Syringe 30G ½"	97799549	0.2983	ULT	Non-I/C
UltiCare	0.3cc Syringe 31G 5/16"	97799548	0.3093	ULT	Non-I/C
UltiCare	0.5cc Syringe 31G 5/16"	97799547	0.3093	ULT	Non-I/C
UltiCare	1cc Syringe 31G 5/16"	97799546	0.3093	ULT	Non-I/C